

The Kenya Health Facility Readiness Assessment Tool for Maternal Immunization Services



Introduction

1. This assessment aims to establish service availability and readiness for maternal immunization at health facilities providing antenatal care (ANC) services. The findings will be used to enable the country to improve current and prepare for future maternal immunization services.
2. The assessment may be initiated at national, county, sub-county, or health facility level to gather information for planning and consequent management of available resources to maximize on outputs. A team of assessors will be dispatched to facilities with county approval.
3. The assessor(s) will contact the facility in advance to arrange for this assessment. During the assessment, the assessor(s) will meet the officer-in-charge of the facility or maternal child health (MCH) clinic to introduce, plan, and agree on modalities of the assessment.
4. The exercise involves a walk-through of the facility, interview with clinic staff, direct observation of clinical practices, and review of the availability and use of equipment and supplies for service delivery.
5. At the end of the assessment, the assessors will hold a debrief session with the facility team on findings and actionable items. An action plan to drive improvement will be drawn with the facility and the sub-county team for follow-up and support.

Consent

The Ministry of Health (MoH), in close collaboration with partners, is conducting this assessment to establish service availability and readiness for maternal immunization at health facility level. This information will be collected in selected primary health care and secondary referral facilities as part of the government's ongoing efforts to improve maternal immunization services across the country. The facilities included in the assessment were randomly selected from a list of all facilities in the country to ensure equal opportunity to be included.

As the in-charge of this facility/MCH, we are asking you to help us collect the information from the persons who are most knowledgeable about the services. For any questions we ask, if there is another person who is in a better position to provide details, please feel free to refer us to that person. We anticipate that the time required from an individual respondent to complete data collection from a service site may take up to 60 minutes. The information will be shared with the MoH, and other relevant stakeholders, to provide information for planning purposes. No names of any respondents will be shared. In case you have any question(s) about this assessment at any time, please feel free to contact the County Reproductive Health Coordinator. At this point, do you have any questions about the assessment?

Do I have your permission to proceed?

- Yes, proceed.....1
No, stop.....2

Signature of lead assessor
Indicating informed consent
was administered

Signature of Health Facility /MCH In-charge
authorizing data collection at health facility

Date: __ __ / __ __ / __ __ __ __
(dd / mm / yyyy)

Date: __ __ / __ __ / __ __ __ __
(dd / mm / yyyy)

100: FACILITY IDENTIFICATION

No.	Question	Result /Response	Skip/Comment												
101	Kenya Master Health Facility (KMHFL) Name	[]													
102	Facility KMHFL code	[]													
103	County	[list]													
104	Sub-county	[list]													
105	Facility level (circle appropriately)	Level 2.....1 Level 3.....2 Level 4.....3 Level 5.....4 Level 6.....5													
106	Facility type (circle appropriately)	National teaching and referral hospital.....1 County referral hospital2 Sub-county hospital.....3 Nursing/maternity home.....4 Health centre.....5 Dispensary/medical clinic.....6 Other (specify).....7													
107	Facility managing authority (ownership) (circle appropriately)	Public/Ministry of Health.....1 Private2 Non-governmental/private not-for-profit.....3 Mission/faith-based organization.....4 Other (specify).....5													
108	Date of assessment (dd/mm/yyyy)	__ / __ / ____													
109	Assessor's name														
110	Facility / MCH in-charge's name and telephone number	Name: [] Telephone Number: []													
111	Geographic coordinates	Way point name: ____ Altitude (meters): ____ Latitude (N/S): __ Degrees: __ Decimals: ____ Longitude (E/W): __ Degrees: __ Decimals: ____													
112	Revisits & Date (if Applicable) / Tick <u>Results Code</u> 1= interview started 2=interview postponed 3=interview completed	Revisits (where applicable) <table border="1"> <thead> <tr> <th>Revisits /Tick</th> <th>Date</th> <th>Result Code</th> </tr> </thead> <tbody> <tr> <td>1 []</td> <td>__ / __ / ____</td> <td></td> </tr> <tr> <td>2 []</td> <td>__ / __ / ____</td> <td></td> </tr> <tr> <td>3 []</td> <td>__ / __ / ____</td> <td></td> </tr> </tbody> </table> <p>Not applicable.....1 (if interview completed without revisit)</p>	Revisits /Tick	Date	Result Code	1 []	__ / __ / ____		2 []	__ / __ / ____		3 []	__ / __ / ____		Skip to Q201
Revisits /Tick	Date	Result Code													
1 []	__ / __ / ____														
2 []	__ / __ / ____														
3 []	__ / __ / ____														

200: SERVICES AVAILABILITY

Find out whether the following services are offered at the health facility

No.	Question	Result/Response	Skip/Comment
201	Is ANC integrated with other services in MCH?	Integrated in one room with other services.....1	

		Integrated with MCH in a designated room....2 Not integrated (stand-alone)3	
202	Services integrated with ANC (circle all that apply)	Immunization.....1 Family planning.....2 Child welfare clinic.....3 IMCI.....4 PMTCT.....5 Maternity.....6 Postnatal clinic.....7 Cervical cancer screening.....8 Clinical breast examination.....9 Nutrition services.....10 Gender based violence.....11 Others (specify).....12	
203	Which other services are available within the facility?	Comprehensive care clinic.....1 TB services.....2 Outpatient.....3 Inpatient.....4 Laboratory.....5 Maternity.....6 Pharmacy.....7 Others (specify).....8	
204	Does the facility provide the following services at ANC? (<i>Observe</i>) Document services offered at 1 st ANC	Greeting/create rapport.....1 Blood pressure (BP).....2 Temperature.....3 Obstetric history.....4 LMP/EDD.....5 Head-to-toe exam.....6 Abdominal exam.....7 Weight.....8 Height.....9 Fundal height measure.....10 Clinical breast examination.....11 TB screening.....12 Foetal heart rate.....13 Family planning counselling.....14 Blood grouping.....15 Rhesus factor.....16 Syphilis test.....17 Hepatitis B testing.....18 Haemoglobin.....19 Urinalysis.....20 Tetanus diphtheria (Td) toxoid21 HIV counselling and testing.....22 PMTCT.....23 ITN provided.....24 Birth planning discussion.....25 Nutrition supplementation.....26 Obstetric ultrasound.....27 Health messaging.....28 Random blood sugar29 BS for MPS30 Folic acid and ferrous sulphate supplement.31 Other (specify)32	

205	What is the routine practice for measuring and recording the gestation of an ANC mother? (select all that apply)	Measure: LMP/EDD.....1 Fundal height measure.....2 Obstetric ultrasound3 Recording: ANC registers.....4 Mother Child Handbook.....5 Electronic Medical records.....6	
206	Are there any MCH fees currently incurred by pregnant women out of pocket?	Yes=1 / No=2	If Yes continue, if No, skip to 301
207	What is the fee charged for?	Triage1 Examination.....2 Appointments.....3 Immunization.....4 ANC profile.....5 Ultrasound.....6 Laboratory.....7 Drugs.....8 Nutritional supplements.....9 All services are charged.....10 Other (specify).....11	
208	If fees charged, review service charter and observe if it's indicated and is up-to-date	Fees on service charter is up-to-date.....1 Fees indicated on not up-to-date.....2 Fees not indicated on service charter.....3 Service charter not available.....4	

300: STAFF WORK FLOW and SUPPORT

301: Indicate the number of staffs working in the health facility at each service delivery point below (excluding students)

	Cadre	Total in facility	MCH	ANC	Immunization	Postnatal	Maternity	Child welfare clinic
301a	Obs/Gyn							
301b	Paediatricians							
301c	Medical Officers							
301d	Pharmacist							
301e	Pharmaceutical technologist							
301f	Nurses/midwives							
301g	Registered clinical officers							
301h	Laboratory staff							
301i	HTS counsellors							
301j	Public Health Officers							
301k	Community health assistants (CHAs)							
301l	Community health extension workers (CHEWs)							

301m	Nutritionist							
301n	Health records and information officers (HRIOs)							
301o	Interns							
301p	Others (specify)							
302	Does the facility have an adequate number of health care providers to provide maternal immunization services without negatively affecting other ANC services?	Yes=1 / No=2	<i>Review workload at ANC - where one HCP sees up to 30 clients per day – there is adequate number of HCPs in the facility. If >30 clients per day, then HCPs not adequate. (Adequate human resource capacity is needed to meet demand for administration and safe delivery of the immunization program)</i>					
303	Is there a training program in place for health care providers' education and training in relation to maternal immunization? (e.g., Expanded Program Immunization Operational Level Training, or EPI OLT)	Yes=1 / No=2	<i>An adequately trained workforce communicates with pregnant women, answers questions, safely administers vaccines and has the knowledge and experience to promptly address adverse events.</i>					

400: PHYSICAL INFRASTRUCTURE – overview of ANC facility

401	Does the ANC room meet the required standards for offering ANC services as per the norms and standards for health service delivery? (<i>observe: ventilation, lighting, space, accessibility for all pregnant mother including those living with disability, availability of couch</i>)	Yes=1 / No=2 Yes - is ventilated, well lit, spacious, accessible to pregnant mother and there is a couch. No - poorly ventilated, confined, no couch	
402	Locations (rooms) for ANC: <i>List the various locations used for ANC (with attention to spaces as listed below), and rate privacy and amenity (identify all the rooms in ANC and rate them, below)</i>		
	Rate the privacy and amenity of the room(space)	<u>Rate room privacy</u> "Adequate" = room is conducive, acceptable auditory and visual/ physical privacy to client "Needs improvement" = room is not conducive, not acceptable; privacy is lacking auditory and/or physical aspects, and should be enhanced	<u>Rate room amenity:</u> "Good" = provides comfort and privacy "Usable" = adequate but needs some renovation "Poor" = significantly lacking in comfort and privacy; barely usable
	Waiting bay	Adequate1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3
	Examination room	Adequate1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3
	HIV testing and counselling room	Adequate1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3
	Immunization space	Adequate1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3
	Family planning	Adequate1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3
	ANC room	Adequate1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3

Other (specify):	Adequate1 Needs improvement.....2	Good.....1 Usable.....2 Poor.....3
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	Power supply at the Facility		
403	Does this facility have electricity from any source such as electricity grid, generator, solar or other, including stand-alone devices such as those used to maintain the KEPI cold chain?	Yes=1 / No=2	If No, skip to 407
404	What is the facility's main source of electricity?	Electricity Grid1 Generator (fuel or battery).....2 Solar3 Other (specify):4	
405	In the last 7 days, was electricity available from the main source or any backup source at all times when facility was open for services?	Always available (no interruptions).....1 Often available (interruption <2 hours).....2 Sometimes available (interruptions >2hours)....3	
406	Which locations in the facility have electricity?	All locations have electricity.....1 Only some locations have electricity (specify)....2 Some locations don't have electricity (specify)....3	
407	What is the most commonly used source of water for the facility at this time?	Piped water to facility..... 1 Public tap.....2 Borehole.....3 Protected well.....4 Unprotected well.....5 Rain water.....6 Water vendor.....7 Other (specify)8 Don't know 98 No water source00	
408	In the last 7 days, was there any time when there was no water in the facility?	Yes=1 / No=2	
409	Is there a toilet/latrine in functioning condition available for general outpatient/ANC client use?	Yes=1 / No=2	If No, skip to 414
410	If yes, what type of toilet?	Flush toilet.....1 Ventilated improved pit latrine2 Other (specify).....3	
411	Are there separate functional toilets/latrines for staff and clients?	Yes=1 / No=2	
412	Are the clients' toilets/latrines separate for male and female clients? Or are they shared?	Yes, separate for male and female1 No, clients share toilets.....2	
413	Does the facility have toilets designed for clients with physical disability?	Yes=1 / No=2	
414	How does this facility dispose of medical waste, including sharps (safety boxes)?	Incinerator 1 Pit 2 Burn and bury 3 Send waste to another facility..... 4 Other (specify) 5	
415	<u>Injectable waste disposal in consultation rooms</u> Indicate the type of injection waste disposal containers in MCH (<u>look for informal boxes/</u>	Safety box/sharps container.....1 Improvised sharps container.....2 Open container3 Other (specify):.....4	

	<u>bottles or purpose-built? Safety box for use in incinerator?</u>		
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500: EQUIPMENT IN CLINICAL AREAS				
501	Are the following equipment available, functional and in use?			
	Equipment (if equipment not available skip functional and use options)	Available	Functional	In use
501a	Gestational wheel	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501b	BP machine manual	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501c	BP machine auto	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501d	Stethoscope	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501e	Weighing scale	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501f	Height measure	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501g	Tape measure (fundal height)	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501h	Foetal stethoscope	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501i	Haemoglobin measure	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501j	Ultrasound machine	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501k	Doppler foetal monitoring	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501l	Light source	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501m	Thermometer	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501n	Pulse oximeter	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
501o	Other (specify):	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
502	Vaccine-specific equipment in clinical areas (are they available, functional and in use?)			
	Needles and syringes suitable for vaccination	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Adverse events following immunization (AEFI) kit <i>(Injection adrenaline, disposable syringe (insulin type) and IM needle, scalp vein set with medium-bore needles, IV cannulas, paracetamol tabs, IV fluids, IV drip set, cotton wool plus adhesive tape – 1 each , AEFI reporting forms, label showing: date of inspection, expiry date of injectable adrenaline and shortest expiry date of any of the components, Drug dosage tables for injecting adrenaline)</i>	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Other (specify):.....	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
503	Vaccine storage equipment (are they available, functional and in use?)			
	Freezer for vaccines	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Freezer for icepacks	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Vaccine refrigerator	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Vaccine carrier(s)	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Thermometers for Vaccine carrier(s)	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
	Other (specify):	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2
504	Vaccines storage equipment usage (are they available, functional and in use?)			

	Are other commodities stored with vaccines? (If accompanied by EPI logistician during data collection, the commodities stored can be physically verified)	Yes=1 / No=2	If No, skip to 506																		
505	Which commodities are stored with vaccines? (list the commodities) (Check especially for muscle relaxants or other potentially dangerous injectable medicines)	Insulin.....1 Muscle relaxants.....2 Other injectables (specify)....3																			
506	How often are temperatures recorded?	Once daily1 Twice daily2 Not recorded3 Other (specify).....4																			
507	Are temperatures monitored and recorded on weekends and holidays? (Observe the practice on the temperature monitoring sheet)	Yes.....1 Sometimes2 No.....3																			
508	Are there thermometers outside the freezers and refrigerators?	Yes=1 / No=2																			
509	Are there thermometers / fridge tags inside the freezers and refrigerators?	Yes=1 / No=2																			
510	Is the temperature inside the refrigerators currently between +2° and +8° C?	Yes=1 / No=2																			
511	Are all vaccines arranged as “First expiry, First out”?	Yes=1 / No=2																			
512	Did you observe any expired vaccines? <i>(If yes, write down type of vaccine and how many vaccines vials are expired?)</i>	Yes=1 / No=2 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Type of vaccine (expired)</th> <th style="width: 30%;">Number of vials (expired)</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>..</td><td></td><td></td></tr> </tbody> </table>		Type of vaccine (expired)	Number of vials (expired)	1.			2			3			4.			..			
	Type of vaccine (expired)	Number of vials (expired)																			
1.																					
2																					
3																					
4.																					
..																					
513	Comment on access to vaccine storage	Access restricted/storage under lock.....1 Access not restricted/not locked.....2																			
514	Who has access to vaccine storage area? (Multiple response; select all that apply)	Facility in-charge/KEPI coordinator only....1 Nurse at immunization room.....2 Every MCH health care provider.....3 Other (Specify).....4																			
515	Commodity audit: check if the following commodities are in stock																				
515a	Tetanus-diphtheria vaccine	In stock...1 / Out of stock....2																			
515b	Oral polio vaccine	In stock...1 / Out of stock....2																			
515c	BCG vaccine	In stock...1 / Out of stock....2																			
515d	Pentavalent	In stock...1 / Out of stock....2																			
515e	Measles vaccine	In stock...1 / Out of stock....2																			
515f	Yellow fever vaccine	In stock...1 / Out of stock....2 /N/A3																			
515g	Hepatitis B vaccine	In stock...1 / Out of stock....2																			
515h	Pneumococcal conjugate vaccine (PCV)	In stock...1 / Out of stock....2																			
515i	Typhoid vaccine	In stock...1 / Out of stock....2																			
515j	HPV vaccine	In stock...1 / Out of stock....2																			

515k	COVID-19 vaccine	In stock...1 / Out of stock....2	
515l	Malaria vaccine	In stock...1 / Out of stock....2 / N/A3	
515m	Influenza vaccine	In stock...1 / Out of stock....2	
515n	Rotavirus vaccine	In stock...1 / Out of stock....2	
515o	Other vaccine (specify).....	In stock...1 / Out of stock....2	
515p	Diluent (if applicable)	In stock...1 / Out of stock....2	
515q	Needles and syringes	In stock...1 / Out of stock....2	

600: IEC MATERIALS, POLICIES, STANDARDS AND GUIDELINES

601: Select available IEC materials - posters, job aids, flip charts, brochures on safe pregnancy, immunization, family planning, PMTCT, COVID-19, handwashing materials	Danger signs in pregnancy chart	Yes=1 / No=2
	Family planning / Tiahrt Chart	Yes=1 / No=2
	PMTCT chart	Yes=1 / No=2
	Handwashing poster	Yes=1 / No=2
	COVID-19 poster	Yes=1 / No=2
	Positioning and attachment breastfeeding chart	Yes=1 / No=2
	Immunization chart	Yes=1 / No=2
	Other (specify).....	Yes=1 / No=2
Policies, Guidelines and Standards		
602: Are the following guidelines, policies and standards available and in use at this facility? (Tick yes only if current versions are available and in use)	The National Guidelines for Quality Obstetric and Perinatal Care	Yes=1 / No=2
	National Immunization Policy Guidelines	Yes=1 / No=2
	National Infection Prevention and Control Guidelines for Health Care Services in Kenya	Yes=1 / No=2
	Operational Guidelines and Standards for Health Promotion	Yes=1 / No=2
	National PMTCT guidelines / Framework	Yes=1 / No=2

700: FEEDBACK AND CLIENT GRIEVANCE REDRESS MECHANISM

701: Health Facility feedback Mechanisms in place (e.g. exit interviews, suggestion boxes)	Is there any mechanism in place for obtaining patient feedback?	Yes – used1 Yes – not used.....2 No mechanism in place...3
702: Client Grievance Redress Mechanism (It is a locally based, formalized way to resolve client feedback or complaints. A GRM can take the form of a simple Excel spreadsheet to a more complicated web-based system that collects data from SMS, phone, and other uptake channels).	Is there a Grievance Redress Mechanism in place at this facility?	Yes – used1 Yes – not used.....2 No mechanism in place...3

800: MATERNAL IMMUNIZATION DATA (Review ANC register (MoH 405) for the last 6 months)

801	Pregnant women who received vaccination against tetanus-diphtheria, COVID-19, or any other disease	Total # of women who received vaccine	# pregnant women who attended ANC	Percentage (%) who received vaccination
	Tetanus-diphtheria vaccine			

	COVID-19 vaccine				
	Other vaccines (specify)...				
	How many pregnant women received the vaccine, in each trimester?	1 st trimester	2 nd trimester	3 rd trimester	
	Tetanus-diphtheria vaccine				
	COVID-19 vaccine				
	Other vaccines (specify)...				

802 Observe at least one vaccination session

Session observation	Environment	Counter or injection space is clean and organized.....Yes=1 / No=2 Adequate privacy (visual and audio).....Yes=1 / No=2 Adequate space.....Yes=1 / No=2
	Preparation	Checked expiry date on ampoule/vial.....Yes=1 / No=2 Checked the vaccine vial monitor.....Yes=1 / No=2 Check vials for freezing before useYes=1 / No=2 Counted sufficient quantities of syringes and vaccines..... Yes=1 / No=2 Vaccine retrieved from fridge (NOT FREEZER)..... Yes=1 / No=2 Used a safety box/disposal sharps container.....Yes=1 / No=2 Arranged AEFI kit (if available)..... Yes=1 / No=2
	Immunization	Greeted woman / created rapport..... Yes=1 / No=2 Health worker washed hands/Sanitize.....Yes=1 / No=2 Checked vaccine information in mother's record/MCHB..... Yes=1 / No=2 Provided info on vaccine and invited questions for clarification.....Yes=1 / No=2 Sterile AD syringe was used..... Yes=1 / No=2 Required dose drawn and administered immediately.....Yes=1 / No=2 Skin cleaned with dry swab..... Yes=1 / No=2 Immediately disposed of used syringe into a safety box.....Yes=1 / No=2 Recorded vaccination in register and Mother Child Handbook.....Yes=1 / No=2
	After session	Opened and reconstituted multi-dose vials (powder) discarded or <i>labelled*</i> and stored as per recommendation at end of session.....Yes=1 / No=2 Opened multi-dose vials (liquid—not needing mixing) discarded or labelled and stored as per recommendation at end of sessionYes=1 / No=2 Proper waste segregation done.....Yes=1 / No=2 Full safety boxes disposed of.....Yes=1 / No=2 / Not applicable (if safety box is not full) (<i>*Labelling instructions: Date and time written and returned to cool box</i>)

900: HEALTH INFORMATION SYSTEMS

	Question	Response	Available and in use at facility	Tools are updated (captures client's latest visit)	Skip
901	Are the current MOH registers and summary tools available and in use at this facility?	Current version available	Available and in use at facility	Tools are updated (captures client's latest visit)	
901a	Maternity Register MOH 333	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
901b	Postnatal Care Register MOH 406	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
901c	ANC Register MOH 405	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
901d	Mother Child Handbook MOH 216	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	

901e	Immunization Permanent Register MOH 510	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
901f	Immunization Service uptake Summary MOH 710	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
901g	Immunization Tally Sheet MOH 702	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
901h	Integration Summary Report: Reproductive & Child Health, Medical & Rehabilitation Services MOH 711	Yes=1 / No=2	Yes=1 / No=2	Yes=1 / No=2	
902	Review records (reporting forms and registers): If immunization data is reported every month, has immunization data been reported in the last 3 months? <i>(Source: Immunization Service uptake Summary (MOH 710))</i>	Yes, all months.....1 Yes, some months.....2 Not reported3			
903	Is there a system in place for capturing women's health information at MCH (e.g., demographics, ANC visits, gestation)?	Yes=1 / No=2			If No, skip to 906
904	If there is system in place, what type of system is it?	Paper-based system.....1 Electronic system.....2 Hybrid system.....3			
905	Is the system capable of tracking patients for active follow-up? <i>Cross-sectional/longitudinal)</i>	Yes=1 / No=2			
906	Ask specifically about immunization: Is there a system for recording vaccination information?	Yes=1 / No=2			If No, skip to 909
907	If there is a system in place for immunization, what type of system is it?	Paper-based system.....1 Electronic system.....2 Hybrid system (paper & electronic)3			
908	Is the system capable of tracking patients for active follow-up?	Yes=1 / No=2	<i>Ask if system has capacity for longitudinal follow-up</i>		
909	Now, ask about AEFI: Is there a system in place in this facility for reporting AEFIs? (either immediate or delayed)	Yes=1 / No=2	(A system to monitor AEFI is essential to capture AEFI that are apparent when vaccine is on a large scale and enables the health system to deal promptly with severe AEFI to maintain public confidence in the immunization and ANC services)		If No, skip to 1000
910	What type of system for AEFI is in place?	Paper-based system.....1 Electronic system.....2			
911	Does the facility have a contact person who is informed following AEFI?	Yes=1 / No=2			
912	Are AEFI reporting forms available and in use at the facility?	Yes=1 / No=2			
913	Does the AEFI reporting system have the capacity to identify pregnant and lactating women?	Yes=1 / No=2			
914	Where do you send the AEFI reports?	Sub-county MOH/EPI Coordinator1 Enters directly in the Pharmacy and Poisons Board self-reporting portal.....2 Enters directly into KHIS23 Remains at facility, not reported.....4			

Essential MNH INDICATOR TRACKING MATRIX

Facility data should be summarized by assessment team (if possible in advance) from KHIS and facility registers and Monthly summary sheets reviewed as may be required

No.	Core indicators	Definition	Data source	Comments
1	Antenatal client 1 st contact before 12 weeks gestation	Percentage of ANC clients with 1 st visit before 12 weeks	KHIS	Numerator: ANC 1 st visit before 12 weeks Denominator: Total 1 st ANC attendance / for coverage use: estimated pregnant women
2	Antenatal client screened for syphilis (VDRL test)	Percentage of ANC clients screened for syphilis	KHIS (captures tested and positives)	Numerator: ANC clients screened for syphilis Denominator: Total ANC clients / for coverage use: estimated pregnant women
3	Antenatal clients with haemoglobin measured	Percentage of ANC clients with haemoglobin (Hb) level measured	ANC register (KHIS captures women with Hb<11g/dl)	Numerator: ANC clients with Hb measured Denominator: Total ANC clients
4	Antenatal client blood pressure measurement	Percentage of ANC clients with BP measured	ANC register	Numerator: ANC clients with BP measured Denominator: Total ANC clients
5	Iron supplementation for pregnant women	Percentage of ANC clients who received iron supplementation	KHIS	Numerator: ANC clients who received iron supplementation Denominator: Total ANC clients
6	Antenatal care 4 th contact	Percentage of ANC clients who had a 4 th ANC contact	KHIS	Numerator: ANC clients who had a 4 th ANC contact Denominator: Total ANC clients / for coverage use estimated pregnant women
7	Antenatal care 8 th contact	Percentage of ANC clients who had an 8 th ANC contact	KHIS (captures 4 ANC visits), obtain from ANC register	Numerator: ANC clients who had an 8 th ANC contact Denominator: Total ANC clients / for coverage use estimated pregnant women
8	Blood pressure measurement during 3 rd trimester	Percentage of ANC clients with BP measurement recorded at least once in 3 rd trimester	ANC register	Numerator: ANC clients with BP taken at least once in 3 rd trimester Denominator: Total ANC clients in 3 rd trimester
9	Antenatal client treated for syphilis	Percentage of ANC clients treated for syphilis	KHIS	Numerator: ANC clients treated for syphilis Denominator: Total ANC clients / for coverage use estimated pregnant women